

NEW YORK CITY DEPARTMENT OF HEALTH
AND MENTAL HYGIENE

TRANSFER CHART REVIEW

hFYES TAs on

3890602 628

EVERY ENTRY MUST BE DATED AND SIGNED

DATE			
4/13/06	NEW FACILITY: C76	STATE TRANSFER:	<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO
C76	D.O.C. ADMISSION DATE 2/11/06		<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO
35	RPR DOCUMENTED		<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO
2 pm	UA DOCUMENTED		<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO
	PPD DOCUMENTED		<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO
	HISTORY COMPLETE		<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO
	PHYSICAL EXAM COMPLETE		<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO
	ALLERGIES		
	MEDICAL PROBLEMS	FOLLOW UP DATE:	
	HCU SLIP C ANKLE INJURY C NERVE damage (2002) → Come for ambulation		
	NEW LABS ORDERED: (LIST)		
	CONSULTS PENDING: (LIST)		
	MEDICATIONS RENEWED: (LIST)		
	MENTAL HEALTH FOLLOWUP	<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	<input type="checkbox"/> STAT <input type="checkbox"/> ROUTINE
	PT CALLED TO CLINIC	<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	
	DISP: PGP	<input type="checkbox"/> DETOX <input type="checkbox"/> MO <input type="checkbox"/> INF <input type="checkbox"/> CDU <input type="checkbox"/> ER <input type="checkbox"/> URGI	
	OK FOR FOOD HANDLERS	<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	
	COMPLETED BY:	<i>[Signature]</i>	



DIVISION OF HEALTH CARE ACCESS AND IMPROVEMENT
CORRECTIONAL HEALTH SERVICES

PROGRESS NOTE

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Reyes, Jason
349 06 02628
DOS 1-13-83

DATE	OBSERVATIONS
	Admission Notes
4/18/06 N. C. Don 6pm	S: Q3 y/o P for admitted to N.C. DA via Bellevue c C-76 C red Df of RSD (Reflex Sympathetic Dystrophy) Pt states his lower limb was crushed c a forklift 4 years ago at Home Depot resulting in this debilitating condition. This RSD condition is characterized by pain, uncontrolled twisting spasm and weakness. Pt denies any other major medical problems; he admits to recent depression and is on medication R/T the physical effects of RSD and its associated life style change.
	O: Pt seen in w/c in T/C Room he cp pain '9' on the pain scale, involuntary muscle spasms observed in C (LW) & extremity. Pt quite verbal and appears to be adequately informed re: This disease entity. U.S. does not



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	woc: BP 118/78 P86 R16 T98F wt 201 lbs and stated height of 5'8" was recorded. A. (i) impaired mobility (ii) altered comfort (Pain) (iii) Risk for injury all related to this dx of RSD. P. medicated for pain w/c for mobility and exercise reasonable Caution to avoid falls and any further injury. PT was advised to (not) in respect to medication and meal times, PT instructed to requested mea, Nsg. assistance when seemed necessary. On duty MD to evaluate and write Rx orders.

E. Jackson



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Reyes Jason

3490602628

1/13/83

DATE	OBSERVATIONS
1/13/83	MD admitting Note Nic - D.A. This is a 23 year old with A/S. Reflex sympathetic dystrophy was transferred from BVH because pt is having ambulatory difficulty and needs w/c Allergy fan/angst... Surgery declines Social: ♂ smoking & illicit drugs Pt was seen and evaluated AAQ 12 in 9/10. Vitals: 118/78 86 16 98° Heart regular, no neck supple chest good air entry B/L, (+)Gymnastix liver - S, S ₂ regular abd soft, n/L B/L ext no edema @ pulse (+) by palpation A/P: Reflex sympathetic dystrophy. will give pt meds as recommended. Nembutal 300 mg BID oxygen in 10-12L/min + taper down Lidoderm patch Q12H P. cymbalta 30 mg daily x 2 weeks new consult in sub H/H Rugel's diet
	Habib Kamkhaji, MD
	KC



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DATE	OBSERVATIONS
4/18/06	PA Note -
11:00 AM	23 yr old admitted to NCS earlier today Bun 1/24/06 reflex sympathetic dystrophy Pain sl. left ankle sprain Pt seen May 5 06 118/78 HR 26, 16
	1.0x3 cm wheelchair sores At, reflex sympathetic dystrophy Oxygen tank 10L in 12L Neurotubes 300 - T10 Lidocaine patch Cymbalta 40 mg us Neuro follow up Pt excrete gms enclosed compliance
	Pt instructed to wash and soak of gms chemicals
4/19/06	Mrs
6:00 AM	Si no do
7:00 AM	O No changes in general condition BP 104/80 72-16 T97°, medicated
A	The c health maintenance
P	Continue z. doc
	Cathartics m



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Reyes Jason
349 06 02628

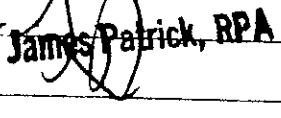
DATE	Nurses Note	OBSERVATIONS
4/19/06 140 D20	S- Pt on po antibiotic - use of sympathetic dystrophy . Pt c treatment ordered / pain P- Rx oxycedan neurotin lidocaine patch - pt still c/o pain med not sufficient. Instructed for reevaluation by primary care provider.	J Smith RN
4/21/06	PA NURSE NCC 222 1030am	23 yo ♂ admitted to ncc 4/18/06 on c/o 4/18/06 reflex sympathetic dystrophy pmx slp severe left mth spasm pt seen for foll-up / pain mgmt currently taking: Oxycentin 30mg q 12 hours Neurotin 30mg TID Cymbalta 75q AM Lidocaine patch pt seen in ncc - requests meds as given by pain mgmt clinic Pt report of good pain control c/t than med/surg. As per pain mgmt clinic: Oxycentin 30 - q 12 hours Cymbalta 60 - QD Pregabalin 200 - QD L.J. Jexa patch will T cymbalta from 75 - to 60 - QD will add propr. 1 200 - in AM Neuro consult pending - pt adjustm seen Pt instructed to notify med staff of any change in condition
	Rajeev L. Achari, MD	(Signature)



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DATE	OBSERVATIONS
4/24/06	<u>PAINITE</u>
NER 2A 105mm	23 yr ♂ Numbred + NFB 4/18/06 Bun o/c 4/17/06 reflex sympathetic dystrophy <u>PMH</u> SI Joint Nerve Sprain pt M/S Reports f + pain p new change 4/21/06 12 hr, 99% bc (C 1-4) in wheelchair HCCM pre op chd ch + cardiac card SC negal NL S.C + P Bursa ext NOLC elbow/shoulder Rx Reflex Sympathetic Dystrophy Oxycontin 20g Q 12 Hours Neurontin 300 - TPN Cymbalta 40 60 - as Lidocaine patch pramigil 200 - as Neuro consult pending pt educate glu pt instuct + meth med still of g days incende Clear for finisht over 3
	 Adriana Vives, MD
	 James Patrick, RPA



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CORRECTIONAL HEALTH SERVICES

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REPS, T43-05

344 0602 GLS

DATE	OBSERVATIONS
4/25/06	SC PA NOTE
NU 93	SUPER & URGENT SIDE RATES FOR ACO
3/27/06	HELP IN MOVEMENT
	(3) ORIENT X 3 FULL RANGE. AFFECT WORK WELL
	A) PAIN & REFLEX SYMPTOMS OF STRAIN,
	(1) MEAS (TRANSIENT) REOPAEN
	PERMANENT/ OXYCONTIN, LYMPHADEN, PROLIGIC
	Pt ED UNICA BUT IF / UNPREDICTABLE
	<i>Harjinder Bhatti, MD</i> <i>TS</i> <i>Thomas Schwaner, PA</i>
4/26/06	52
NU 93	(3) CLO ITCH TO BACK
2/27	FREQUENT URNS
	REQUEST IN MATTRESS
	(3) AC 128/72 19.5 + 14 1100 - RL/CUNG CTZ
	URS = hyperkeratotic papular (FEM)
A	OFFICE RTT
C	HC IN CLOM TOPIC URNS B.P. + 140
	Pt ED SR.V CARE
	NOTE FOR IT MATTRESS SUBMITTER
	Pt ED NO IPZ ESAC AF IN UNPREDICTABLE
	<i>Harjinder Bhatti, MD</i> <i>TS</i> <i>Thomas Schwaner, PA</i>



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REYES, Jason
344 UC 02628

DATE	OBSERVATIONS
4/27/06	PPT NOTE NICE 430pm OXYCONTIN SR 200g po QID X 7d CEMABETA 50mg po QD X 7d PROUIGIC 200g po QID X 7d
	Harjinder Brar, PA Thomas Schwaner, PA
5/3/06	P2 NOTES NO P2 - REQUEST FOR APPROVAL IN MARGA NOTE: ESR L MATTER WAS OPENED + HELD ERICK 21
	Thomas Schwaner, PA
5/3/06	S2 IT NOTE NICE 275pm REQUEST INFORMATION TO AC GISON Q6145 AS FOR SCR. APP BY ERIC REQUEST TO SEE PRESCRIPTION CONFIRMATION IN FUGA GIVES IT IN MUSICA UNIT AND CONFIRMATION OCCURS WITH THE MEASURE ARE NOT ANY GUNSHO SECURITY IN 1151 A FPN TINPP FFSLS WAC NO RENAMER PAI L.N. T 98 HR 120/2, 190 R, + NURSE SUPPLIES PUPILS CLEAR SKIN CLEAR H.L. + RL 5 mm, LUMPS - 1+



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REFS, TISSUE
344 06 02628

DATE	OBSERVATIONS
5/4/06	<p>ABN AS NORM NO DISTENSIOR SOFT MUSCLE</p> <p>ABCLNTS MENTAL F.XAN</p> <p>A) Pt H, MILD NAUSEA ON NOW</p> <p>NORM MENT F.XAN</p> <p>B) Pt ED / MILD EVAL IF ILL/UNPASTANS</p>
	<i>Thomas Schwaner, PA</i>
5/4/06	<p>SC IN WOE</p> <p>NIC B, STICK C CONSTRUCT</p> <p>31ST FF.FIS WBC</p> <p>C) ORINT X3 FULL RANGE AFFECT</p> <p>A) RSO INFLU</p> <p>B) CONTINUE CURANT X</p> <p>Pt ED ON BOWEL (APP)</p> <p>PT CONSULT PLANNED (RSPN)</p> <p>MILD EVAL IF ILL/UNPASTANS</p>
	<i>Thomas Schwaner, PA (M)</i>
5/1/06	<p>IN WOE</p> <p>NIC B, MENS DYSFNU.</p> <p>(U) GUT UNINT 2000 (U B) X 72</p> <p>GUT MATER 6000 10 AM X 72</p> <p>PROTOLIN 2000 (U 6 PM X 72)</p>
	<i>Harinder Bhatti, MD</i>
	<i>Thomas Schwaner, PA</i>



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DATE	OBSERVATIONS
5/6/00	7/1/00 1 p (S) is not for me + I don't need you seen. medical re You intention to go to hospital not been about - requiring D3 23. in mood stable tho. feel he has now, / stimulating much the last hour You take now for headache damage as well as 10.4 neurological signs as yet no transferred to thought c with you will be reduced after if medical treatment & emotional stress. O) a few, slightly days more suppose, feel after, pt - head, especially thinking no did at this time G SS/H2 was pre-gestational diabetes, weight, you gained + insulin control good at this time. a) Documentation all symptoms at this time, but there is expressed to med treatment if she sees them to take her in the following. b) If he until your assessment of needs can be done. Please keep paper work in, medical in strict to be mailed, faxed copies only if present
	<i>Martha Fair, MHC</i>
5/9/00	SC
5/10/00	# REQUESTED CONSENT FOR RELEASE FOR RSA, NJJ
5/15/00	# Number of contacts were taken 4/18 # (1) 18M male, African eyes & mouth # temporal area # his name is not available
	DESCRIPTION OF TREATMENT



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RFFS, TASH
3490602628

DATE	OBSERVATIONS
5/9/06	<p>2 T98 BC 10/14 CT 2 2 14</p> <p>CONT' NE in suff' no signs to do char/na clear to clear poss clear perf 8 m return</p> <p>A) TYPICAL TYPE HEARTBURN</p> <p>B) TYPICAL GASTROESOPHAGEAL REFLUX DISEASE IF 2+ / UNFASTENED</p>
	<p><i>Reviewed by Dr. Bhatti, MD</i></p> <p><i>Thomas Schwaner, PA</i></p>
5/11/06	<p>PA VST</p> <p>NIL D₁ CHRONIC ITCHING MGR</p> <p>+15 P OXYCONTIN SR 20 MG PO QD X 72</p> <p>CYMBALTA 60 MG PO QD X 72</p> <p>PRONIGIL 200 MG PO QAM X 72</p> <p>LIDOCAINA (PATCH) IF UN X 30 D</p>
	<p><i>Reviewed by Dr. Georges Ali, MD</i></p> <p><i>Thomas Schwaner, PA</i></p>
5/11/06	<p>PA VST SC</p> <p>NIL D₁ (TYPICAL EATING DISORDERS OR PAIN MGR)</p> <p>+15 P GUT AFFECT X 3 FEEL ERGE AFFECT</p> <p>A) PMX RSPN</p> <p>B) PTBD CONTINUOUS CURRENT TO UNFASTENED IF 2+ / UNFASTENED</p>
	<p><i>Faisal Ali, MD</i></p> <p><i>Thomas Schwaner, PA</i></p>



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5/12/06	RPA note - sick call
MED, 11:40 AM	S. R. 1/6 Sender G816 I am x 2 yrs. Down from 16 Cents. Sister is older by year or so & she works I work
	• NHD 116/80, 75, re. 88.1 ④ low myeloblast granulocytic & ④ total aged of years, & weekly.
	A.M.T. visit 6/12
	R. Wm. back pain x 50 Bouton ait x 10 x 20 RBC 48-72 hr. of no improvement. bleeding or swelling
5/17/06	PT note - auscult - heart rate 80 BPM NHC, 87 LINDACINE (A-11) 1/4 TROPICAL QD x 3-2
8/21/06	OT (COPTIN 20-2 1/2 MI) 1/2L, LYMAGEL 60g, PEGAN FLUOCINOL 20-2 1/2 MI x 2L, T NEURON. 100mg PEGAN x 3-2
	<i>MD/HV testes</i>



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CORRECTIONAL HEALTH SERVICES

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REYES, JASIN

349 0602 G28

DATE	OBSERVATIONS
5/17/06	PA NOTE NCC 03 8401 PATIENT WAS REFERRED TO CT STATION FOR RSN PATIENT SEEN STATION CONFIRMS FILE TIME FNU CT CONSULT PLACED 5/17/06
	Faisal Ali, MD
	Thomas Schwaner, PA
5/18/06	ST PA NOTE NCC 03 1155A CT EIGHT SKIN ABOVE TATTOO AREA REQUEST OXYCONTIN 30 GRAMS AS PRESCRIBED BY DR ② TIC B1 130/78 P 74 R/H PPCR HEART OR 5 m/ MIN CT ABOVE TATTOO IS FEW CALUMS ③ OXYCONTIN 30 GRAMS RSN ④ HC 11. CREAM TOPICAL B/P X 14L PT F2 SKIN CRAM OIL OXYCONTIN PT F2 MS CONTIN 15 2 0 B/P X 72 PT F2 MOIST PT IF FOLY UNRESTRIKED



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CORRECTIONAL HEALTH SERVICES

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REYFS, JASON
349 OGOLGZ 8

DATE	OBSERVATIONS
5/22/06	PA NOTE NIC O ₂ 5% REQUIRES TO A MS CONTIN BACK TO OXYCONTIN STATES THAT MS CONTIN MAKES HIM NAUSEA + CHEST TIGHT FEELS SOFT AT TIMES REQUEST RIN REQUEST FOR MEDICATION FOR RSN
5/25/06	SC PA NOTE NIC O ₂ 5% REQUIRES TO A MS CONTIN BACK TO OXYCONTIN STATES THAT MS CONTIN MAKES HIM NAUSEA + CHEST TIGHT FEELS SOFT AT TIMES REQUEST RIN REQUEST FOR MEDICATION FOR RSN
5/25/06	T98 PR 110/70 BP ~14 Pharynx clear Heart RR 5m / Lungs Clr / Abn soft non-tender (L) Foot hypersensitivity to touch Slight hyperalge to L1 FFCL
5/25/06	RSN ANXIETY RELATED C/FST TIGHTNESS - NERVOUS CONDUCT CLAREN - DIC MS CONTIN - OXYCONTIN 202 (100mg x 72)
5/25/06	TO DORM 2 FOR FURTHER EVAL



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CORRECTIONAL HEALTH SERVICES

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REFS, TASUR

344 460 2628

DATE	OBSERVATIONS
3/23/06	CLO CHEST PAIN TIGHTNESS X 4 days
ALL R,	MIN RT CHEST & RADIATION TO RL ARM + (L) ARM PAIN WORSE & DEEP BREATH
11-	CLO NUMBNESS TO RL ARM NOTED PAIN SINCE A OUTWIT TO MOUNTAIN PAIN INTENSITY 8/10 AT TIMES
	NO HEART DISFAIR
	P/S FAMILY NO ISCH. DISEASE
	T 98 P 84 R 16 BP 120/72
	N- JCN
	PFPLA
	HEART OR ST
	CLINIC LTA
	Abs soft palp tend.
	NO PERIPHERAL EDema
	EKG NSR ABN T WAVE INVERSION & NON SYMMETRY T WAVE INVERSION ALL LEADS AND ISCHEMIA
	S - STSEG ELEVATED
	- EKG FAXED TO ERGICLAB
	POSSIBLE ISCHEMIC CHEST PAIN
	UL IS C/M / IN HS TKA / MONITOR
	EKG READING 115 PM LEFT 120 PM
	SCHWAB T/A
	Faisal Ali, MD



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CORRECTIONAL HEALTH SERVICES

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Reyes Tatson
3490602628

DATE	OBSERVATIONS
5/25/06 3/6	pt brought to Tx Room c/o chest pain x 2 days, alert, oriented x 3 NICE CB 1 st P - pt c/o weakness, BP = 110/70, P = 75, R = 14 T = 78.9
5/18	VIS EKG done, o, 15' later by nurse. Rebreather mask no longer needed. Fins call 2/1250 P - A R.R. 170 P. Left 6 1 st P in c pt stable, alert, Oximetric.
	JCB # 1587 Op# 862
	Jeanine Jean-Baptiste, RN
5/27/06 H.R.	
3:00 PM	pt was sent to ER 2 days ago w/ J.C.P. PT ruled out due to Catecholamine Pt has eff sympathetic dystrophy currently asymptomatic.
	Px: B: 30 130/90 16. 90. Neck nape Chest - mild tenderness 4 th -5 th ICS Lungs, no ABG - normal B14 B/P - mild tachy LLG CNS - no focal deficits
	H.P. - Catecholamine - reflex sympathetic dystrophy - r-tx present med.

NYC 0000044



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KEYS, TASOS
349 UGO LCLG

DATE	OBSERVATIONS
5/3/06	P+ Note NLC, 21m CHRONIC PAIN MGR -100CTINE 50mg PO 811L x 3d OXYCOTIN SR 20mg PO BID x 7d MENTHOL 1000mg PO TID x 3d CITALOPRAM 60mg PO QD x 7d PROVIGIL 200mg PO QAM x 7d
5/3/06	SL CA N/A NLC, 21m - REQUESTS PREVIOUS WHEEL CHAIR THAT HE HAD PRIOR TO HIS PAIN PATIENT IS ON MEDICATION - MARKS DEC IN CHEST PAIN NOTES SLIGHTLY IN DEEP BREATH ② T98 BC 120/70 C2S R16 HEART RR 5m LUNGS CLA S2 LOFT TENDER ANT CHEST + CONSTipation ILR RSD
5/3/06	② P+ EL / MORTALITY IF E- / MORTALITY NYC 0000045 ✓ Thomas Schwaner PA



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CORRECTIONAL HEALTH SERVICES**

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Reyes, Jason
3490602628

DATE	OBSERVATIONS
5/30/06	
NIC-Dry	
D-3	
8 ⁰⁰ pm	
	Redacted
6/1/06	MD note
5:45 AM	pt refuses clinic appt to BWH. Risks, benefits, alternatives explained pt states he can not go today but agrees to be rescheduled for same time to reschedule appt
	Habib Kamkhaji, MD
6/1/06	PT PTSC
NICU	0400ML PTIN MGR
10A	COMBAGA 60 -> 10 QN X 7L
	PRNUC-AL 20mg 10 Q AM X 7L
	OT & CONTIN 20mg 10 QN X 7L
	NYC 0000046

NYC 0000046

+ fm **Thomas Schwaner, PA**
Roslynne Glicksman, MD



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CORRECTIONAL HEALTH SERVICES

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REYPSI TASN
344 0602 C2P

DATE	OBSERVATIONS
6/2/03	5c PA NOTE NLL A3 PATIENT IN CHF ON HEPS STILL PAIR CHEST & MOVEMENTS
1230	(2) T48 BP 130/80 HR 144 HEART REG WORRY CTN CHEST ANT + (L) WITH CONCRETE TERRAIN & POSITION <i>underneath a palpitation</i>
	A) COSTOCARTILAGINUS C) CONVULSION CURRENTLY IT IS NOT FUN IF YOU WAKE UP, <i>feverish</i>
6/2/06	PA NOTE NLL A3 CHRONIC PAIR MGR (HEP) REGULAR COMORBID GOUT PO QD X 7D PHYSICIAN 202 PS QAM X 7D OTC COXIM SR 202 PO BID X 7D NEWSCARRY (B4) ^{RESUMPTIVE} CHURCH 6/6/06
	<i>7/2/06</i> Thomas Schwaner, PA <i>no go</i>
	Roslynne Glicksman, MD

**NEW YORK CITY DEPARTMENT OF HEALTH
AND MENTAL HYGIENE**

PROGRESS NOTE

Jason Reyes

34904 02628

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DATE	OBSERVATIONS
6/6/06 NIC 1105am	<p>Client reviewed care in response to 2nd givn mg ~ Pt on all Rx as recommended Physical findings found repaired last night c my PT. I referred nurse case to 6/1/06. Assess GMM Acct on, nurse case re-submitted. Plan - Pt to GMM fw + Rx</p> <p style="text-align: right;">Mg 6</p>
6/6/06 NIC D3 110pm	<p>D/C planning note:</p> <p>Client seen today and was offered discharge planning services. Client reports that he does not need discharge planning services.</p> <p>Client reports that he is not homeless and currently receives \$40.00 for worker comp. Client reports that he has active health benefits. Client is scheduled to be released on 6/14/06.</p> <p>Client signed a declination form refusing all services.</p>

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**New York City Health and Hospitals Corporation
Office of Correctional Health Services
PSYCHOSOCIAL EVALUATIONS**

Patient's Name	Date
Reyes, Jason	5/20/00
Book & Case Number	NYS ID Number
3490602628	104544

Redacted

(Include source of referral and patient's complaint)

Pt. is a 23 y/o male, referred by medical staff due to C/O of feeling depressed at time of evaluation. -
Pt. C/O of feeling depressed after his medical condition (reflex sympathetic dystrophy) + chronic pain in 2003, C/O of sadness, & energy, sleep, too much, & self esteem.

HISTORY OF PRESENT ILLNESS (Include onset of current episode, symptoms, degree of impairment in functioning, stressors experienced).

Redacted

II. CRIMINAL HISTORY
(Charges)

Attorney Name

Att'y Tel. No.

Sentenced/Conviction

Length of Stay

Discharge Date

ARREST/ INCARCERATION HISTORY

Date of Arrest

Charges

Conviction

Yes / No

Sentence

Length

Fine

Served

Parole

Status

Redacted

Comment How well did patient cope with prior incarceration? Explain.

Redacted

III. EDUCATION HISTORY

LAST GRADE COMPLETED

ACADEMIC FUNCTIONING

SCHOOL BEHAVIOR (Delinquency, fighting, fire setting)

Redacted

Redacted

NYC 0000050

IV. FINANCIAL DATA / EMPLOYMENT HISTORY

PA SSI VA Unemployment frequency OTHER (Describe) _____

EVER EMPLOYED?

V. FAMILY HISTORY

FAMILY OF ORIGIN (Parents, Siblings, Ages, Significant events and relationships)

FYI

Redacted

VI. HISTORY OF PHYSICAL AND/OR SEXUAL ABUSE

A. Was there any evidence that the patient was physically abused?

res, (flashbacks or withdrawal)

B. Was there any evidence (medical exam) that the patient was sexually abused?

C. Was there any evidence that the patient physically abused other children?

Redacted

D. Was there any evidence that the patient sexually abused other children?

VII. SUBSTANCE / MEDICATION USE

SUBSTANCE (Include Alcohol) AGE BEGAN DURATION QUANTITY ROUTE OF ADMINISTRATION MONETARY VALUE

Redacted

VIII. MEDICAL HISTORY / PROBLEMS

CURRENT MEDICAL COMPLAINTS RECORDED IN CHART

- (1) Reflex ~~Reactive sympathetic~~
Bugs + no sleep
- (2) Chronic pain

CURRENT MEDICATION AND ITS SIDE EFFECTS, IF ANY

Oxycontin
Nursing compacts - cymbalta

HISTORY OF HEAD TRAUMA (Loss of consciousness or hospitalization)

None

ALLERGIES

none

Redacted

IX. PSYCHIATRIC HISTORY (Include prior episodes, dates, symptoms, treatment and response to treatments for treatment and medication, and diagnosis if known)

Redacted

NYC 0000051

Redacted

Redacted

CLINICAL FORMULATION (Include interpersonal relationships, strengths, weakness, patterns of coping, substance abuse, impressions as to validity of symptoms/information, diagnosis).

Pt is

and injection of drugs - [REDACTED] who is charged for her present PL referred by medical staff due to CPS of feeling depressed, & self harm, V. injury sleeping too much after he got into a job accident and is currently confined to wheel chair due to his current neurological condi-
tion. -

Redacted

XIII. INITIAL DISCHARGE PLAN

XIV. REFERRAL FOR PSYCHOLOGICAL ASSESSMENT

In the space below, please state a referral question(s). Include the observations you have made that led to your request for testing.

N/A -

C. Sappat, Supervisor 3/30/06 David Smith, PhD 5/31/06
 Reviewed and Approved by Clinician Printed Name and Signature Date
 Reviewed and Approved by Licensed Clinical Supervisor or Licensed Unit Chief Signature Date

NYC 0000053

acting M. H. Unit Chief
 HS 28 (Rev. 8/02)

**NEW YORK CITY HEALTH AND HOSPITALS CORPORATION
OFFICE OF CORRECTIONAL HEALTH SERVICES/MENTAL HEALTH SERVICES**

CLINICAL ASSESSMENT AND COMPREHENSIVE TREATMENT PLAN/DISCHARGE SERVICE NEEDS

PATIENT:

Reyes, Jason
 (CIRCLE) MO / GP NC

FACILITY

HOUSING LOCATION

BOOK & CASE #:

3490602628

NYSID #:

3470442Y

DOB:

*1-3-83*DATE OF ADMIT TO MENTAL
HEALTH SERVICES*5/30/06*

DATE OF TX PLAN:

5/30/06

Presenting Symptoms (partial list of symptoms frequently presented, check all that apply):

- Antisocial Behavior
- Apathy
- Bizarre Behavior
- Blunted Affect
- Decrease in Energy or Fatigue
- Decreased Appetite
- Delusions
 - Grandeur
 - Paranoid
 - Persecutory
 - Somatic
- Distractibility
- Dizziness or Lightheadedness
- Excessive Worrying
- Feelings of Hopelessness
- Feigning of Symptoms
- Flat Affect

- Flight of Ideas
- Hallucinations (Auditory)
- Hallucinations (Visual)
- Impaired Judgement
- Incoherence
- Insomnia
- Loosening of Association
- Loss of Interest
- Memory Impairment
- Mood Changes
 - Anxious
 - Depressed
 - Elevated
 - Irritable
- Neglect of Medical Condition
- Persistent Anger

- Pressured Speech
- Psychomotor Agitation
- Psychomotor Retardation
- Racing Thoughts
- Religious Preoccupation
- Repeated Lying
- Self-Mutilating Behavior
- Sexual Preoccupations
- Suicidal Ideation
- Suicidal Gesture
- Suicidal Attempt
- Tremors
- Unkempt Appearance
- Withdrawal/Defox from Drugs
- Other (Specify)

Stressors (check all that apply):

- Problems with other inmates
- Problems with DOC
- Recent death/losses
- Spouse/child problems
- Pregnant
- Withdrawal/Defoxification from drugs
- Severe medical problems
- Bing Issues

Legal Issues (specify)

incarceration, family

Other (specify)

Patient Characteristics (check whether the following characteristics are strengths or weaknesses of the patient):

CHARACTERISTICS	STRENGTH	WEAKNESS	CHARACTERISTICS	STRENGTH	WEAKNESS
Compliant with Treatment	<input checked="" type="checkbox"/>		Work History	<input type="checkbox"/>	
Motivated for Treatment	<input checked="" type="checkbox"/>		Interpersonal Skills	<input type="checkbox"/>	
Support System	<input checked="" type="checkbox"/>		Insight	<input type="checkbox"/>	
Domiciled	<input checked="" type="checkbox"/>		Health	<input type="checkbox"/>	
Education	<input checked="" type="checkbox"/>		Hospitalizations	<input type="checkbox"/>	

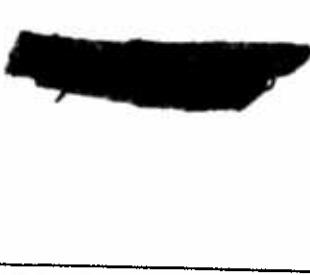
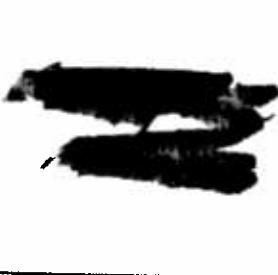
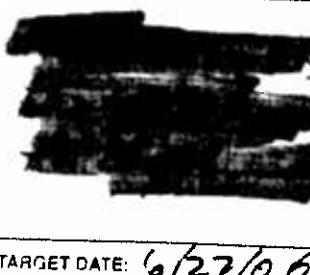
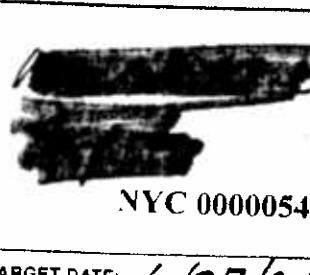
Diagnosis: Axis I

Axis II

Axis III

*Riflex sympathetic dystrophy
chronic pain*

Assessment of Problems and Needs (see explanation of goals and objectives on opposite page).

PROBLEM #1	GOAL	OBJECTIVE #1 Patient will...	OBJECTIVE #2 Patient will...
			
		TARGET DATE: <i>6/27/06</i>	TARGET DATE: <i>6/27/06</i>
		NYC 0000054	

PROBLEM #2	GOAL	OBJECTIVE #1	Patient will...	OBJECTIVE #2	Patient will...
		TARGET DATE:		TARGET DATE:	
PROBLEM #3	GOAL	OBJECTIVE #1	Patient will...	OBJECTIVE #2	Patient will...
		TARGET DATE:		TARGET DATE:	

Anticipated Date of Discharge from Treatment: _____

Treatment Modality and Frequency of Service: (check all that apply and indicate frequency of service)

MODALITY	FREQUENCY OF SERVICE				RESPONSIBLE STAFF
Clinician Visits	Weekly	<input checked="" type="checkbox"/> BiWeekly	Monthly	Other	
Psychiatrist Visits	Weekly	BiWeekly	Monthly	Other	NFC
Group Therapy	Weekly	BiWeekly	Monthly	Other	
Art Therapy	Weekly	BiWeekly	Monthly	Other	
Substance Abuse Counseling	Weekly	BiWeekly	Monthly	Other	

Level of Care: GP MO MHC Bing InfirmaryName of Medications: nmle**Patient's Statement of Involvement:**

I have participated in the review of my treatment plan. I have discussed it with my Clinician/Psychiatrist and agree to participation in the plan.
 I want to add something:

L. Jayson Reyes
 REVIEWED AND APPROVED BY: L. Jayson Reyes
 DATE: 5/30/06

L. Jayson Reyes, MSW
 DATE: 5/30/06

N/A
 DATE: 5/30/06

David Jurich, PhD
 DATE: 5/30/06

L. Jayson Reyes
 SIGNATURE
C. Jayson Reyes
 SIGNATURE

N/A
 SIGNATURE

David Jurich
 SIGNATURE
5/31/06
 DATE
 NYC ADDRESS